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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

99 FEB 18 PM 2:40
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

ALPHA NATURAL FOOD COMPANY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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Bm 2/18/99

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ARTICLES OF INCORPORATION
FOR
ALPHA NATURAL FOOD COMPANY, INC.

ARTICLE I - NAME

The name of the corporation shall be:

ALPHA NATURAL FOOD COMPANY, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of
this corporation shall be:

2356 SE STONECROP ST

PT ST LUCIE FL 34984

ARTICLE III - CAPITAL STOCK

The number of shares of stock this corporation is
authorized to have outstanding at any one time is:

500 (FIVE HUNDRED)

Prepared by:
Triple Check Income Tax Service
2506 Delaware Ave
Ft Pierce FL 34947
(561) 461-5987

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TALLAHASSEE FLORIDA

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ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent
is:

GARY VAN KEUREN FREEMAN

2356 SE STONECROP ST

PT ST LUCIE FL 34984

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to
these Articles of Incorporation is:

GARY VAN KEUREN FREEMAN

2356 SE STONECROP ST

PT ST LUCIE FL 34984

The undersigned has executed these Articles of
Incorporation this 16th day of February, 1999.


Gary Van Keuren Freeman, Incorporator

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits to the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

ALPHA NATURAL FOOD COMPANY, INC.

2. The name and address of the registered agent and office is:

GARY VAN KEUREN FREEMAN

2356 SE STONECROP ST

PT ST LUCIE FL 34984

Signature:

Title:

Incorporator

Date:

2/17/99

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

DATE:

2/17/99

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